

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 4488 Registrar's No. 244

VS 300
Rev. 4/59

1000

21000

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11 100

12 91-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R.F.D. (ORAN)</u>		c. CITY OR TOWN <u>MORLEY</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. HWY #2</u>		d. STREET ADDRESS (If outside, give location) <u>RESIDE ON FARM</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MILLER RAY GILLILAND</u>		4. DATE OF DEATH Month Day Year <u>11-12-1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT PACKING CO</u>	
11. BIRTHPLACE (City and state or country) <u>SCOTT COUNTY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MILLER GILLILAND</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE RODGERS</u>	
14. NAME OF HUSBAND OR WIFE <u>MILLER GILLILAND MORLEY MO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Miller Gilliland Morley Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TRACTUR SKULL - CRUSHED CHEST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>CAR - TRAIN COLLISION</u>	
20c. TIME OF INJURY Hour <u>11:38</u> a.m. Month, Day, Year <u>11-12-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON HWY. 2 WEST HWY 61</u>	20f. CITY, TOWN, OR LOCATION <u>RURAL</u>
20g. COUNTY <u>SCOTT</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred on _____ on the date stated above and, to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clyde Rae Coroner</u>		22b. ADDRESS <u>Sikeston Mo.</u>	
22c. DATE SIGNED <u>11-14-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-14-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>	
23d. LOCATION (City, town, or county) <u>SIKESTON MO</u>		24. FUNERAL DIRECTOR <u>Welch Funeral Home Sikeston Mo. Nov 15 - 1962</u>	
25. DATE RECD. BY LOCAL REG. <u>Nov 15 - 1962</u>		26. REGISTRAR'S SIGNATURE <u>Janette Waldman</u>	

USE BLACK INK
OR
TYPEWRITER, RIBBON

NOV 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond Crews

Licensed Embalmer No.

3467

P. O. Address

Sikeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed Nov 12 - 1962